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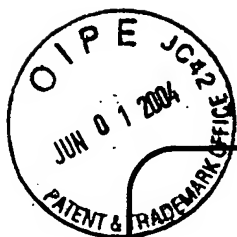
Serial Number: 10/083,095
Filing Date: 02/26/2002
Applicant: Carberry, et al.
Title: Network Healing Smart Fiber Optic Switch
Docket Number: 26308.01
Examiner: Alessandro Amari
Art Unit: 2872
Customer Number: 22465
Express Mail Number: EV 434140201 US

RESPONSE TO NON-FINAL OFFICE ACTION MAILED MARCH 1, 2004
PAPER NUMBER 02112004

Mail Stop Non-Fee Amendments
Commissioner for Patents
P. O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

This Amendment is filed on behalf of the Applicants in the above-referenced patent application in response to Paper Number 02112004 mailed on March 1, 2004. It is deemed to place the Application in a condition for allowance.



6-2-04

2872
JFW

PTO/SB/21 (08-03)

Approved for use through 07/31/2006. OMB 0651-0031

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE
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FORM**

(to be used for all correspondence after initial filing)

TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/083,095	
	Filing Date	February 26, 2002	
	First Named Inventor	SMITH, et al.	
	Art Unit	2872	
	Examiner Name	Alessandro V. Amari	
Total Number of Pages in This Submission	26	Attorney Docket Number	26308.01

ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Return Receipt Postcard
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Thomas A. Kulaga
Signature	<i>Thomas A Kulaga</i>
Date	6-1-04

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.			
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Signature		Date	

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